

<b>Case Number:</b>	CM14-0156163		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old female with an injury date of 5/24/11. Based on the 8/15/14 progress report by [REDACTED] this patient complains of "mildly tender" but well-healed anterior cervical incision with increased pain with cervical motion. Additional exams also show:-Cervical spine: tenderness to palpation in the upper, mid, and lower paravertebral and trapezius muscle; well-healed anterior incision is mildly tender; range of motion flexion is 30 degrees with 20 degrees right lateral bending, 40 degrees left lateral bending, 30 degrees right lateral rotation, 40 degrees left lateral rotation, and 20 degrees extension. Thoracic spine shows tenderness to palpation over the upper paravertebral muscles with mild limitation of motion. Right/left shoulder girdles shows periscapular and trapezius tenderness with no winging. Both shoulder range of motion (R/L); Flexion 170/140 degrees, abduction 150/120 degrees, extension 45/50 degrees, external rotation 50/45 degrees, internal rotation 50/30 degrees and adduction 40/40 degrees; "there does appear to be bilateral adhesive capsulitis." Exam also shows patch weakness in the bilateral upper extremities. Work status as of 8/21/14: "Patient is T.T.D. until return appt on 10/16/14." Diagnoses for this patient are Status post anterior cervical fusion at C3-6 on January 19, 2012; Cervical radicular syndrome; Bilateral adhesive capsulitis of the shoulders; Stable pseudoarthrosis at C5-C6; Herniated nucleus pulposus at C6-C7; and Status revision of the ACF at C5-C6 and ACF at C6-C7 on March 3, 2014. The utilization review being challenged is dated 9/08/14. The request is for a TENS unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Blue Cross Blue Shield, 2007, Medicare, 2006, Aetna, 2005 & Humana, 2004, US Dept VA, 2001, European Federation of Neurological Societies (EFRNS), Cruccu, 2007

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS MTUS Page(s): 116.

**Decision rationale:** According to the MTUS guidelines (pg 116), TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity in spinal cord injury, phantom limb pain, and Multiple sclerosis. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Documentation was provided for use of a TENS unit (within a clinical setting, during physical therapy sessions), as well as other "easing factors" attempted by this patient at home, such as ibuprofen, pillow combinations, stretching, heat, and ice. However, no documentation was provided that this patient completed a one month, home-based, trial use of a TENS unit, or of benefits received from use. Furthermore, the injured worker's diagnoses from the 8/15/14 progress report do not list the any of the specific diagnoses listed by MTUS guidelines. Therefore, the request for a TENS unit purchase is not medically necessary and appropriate.